

Elkhart Area Site

October 13, 2003

Bayer Corporation
1884 Miles Avenue
P.O. Box 40
Elkhart, IN 46515-0040

Hon. Commissioner of Patents
& Trademarks
Box: Patent Application
Washington, DC 20231

PATENT



RE: Application for U.S. Letters Patent covering the
Invention of: Robert C. Whitson and Norman S. Miller

Entitled: LANCING DEVICE

Docket No.: MSE #2671

Sir:

Transmitted herewith for filing is an application for U.S. Letters Patent above identified. This application includes the following:

- ☒ 20 Pages of specification, including claims and abstract
- ☒ 6 Sheets of drawing (in triplicate)
- ☐ An assignment of the invention to Bayer Healthcare LLC (and cover sheet)
- ☐ A certified copy of a _____ application
- ☐ Declaration, power of attorney and petition
- ☒ Information disclosure statement

The PTO did not receive the following
listed item(s) Assignment

CLAIMS AS FILED

Independent ClaimsTOTAL (A) 6

Dependent Claims

Dependent on one claim	<u>32</u> x 1 =	<u>32</u>
Dependent on two claims	<u> </u> x 2 =	<u> </u>
Dependent on three claims	<u> </u> x 3 =	<u> </u>
Dependent on four claims	<u> </u> x 4 =	<u> </u>
Dependent on five claims	<u> </u> x 5 =	<u> </u>
Dependent on <u> </u> claims	<u> </u> x <u> </u> =	<u> </u>
Dependent on <u> </u> claims	<u> </u> x <u> </u> =	<u> </u>
Dependent on <u> </u> claims	<u> </u> x <u> </u> =	<u> </u>

TOTAL (B) 32

FEE CALCULATION

Total (A) = 6 - 3 = 3 x \$84.00 = \$ 252.00Total (A) + (B) = 38 - 20 = 18 x \$18.00 = \$ 324.00Basic fee = \$ 750.00Fee for filing multiple dependent claims (\$280.00)= \$ -0-Total filing fee = \$ 1,326.00Assignment recordal fee = \$ 40.00Check enclosed for the total amount calculated = \$ 1,366.00

The Commissioner is hereby authorized to treat any concurrent or future reply, requiring a petition for an extension of time under 37 CFR 1.136 for its timely submission, as incorporating, a petition for extension of time for the appropriate length of time and to charge all additional fees, including fees under 37 CFR 1.17, which may be required, or credit any overpayment to Account No. 13-3375. A duplicate copy of this sheet is enclosed.


ATTENTION MAIL ROOM:

If for any reason this application is found to be incomplete, please advise by collect telephone call to Area Code (574) 264-8394.

Kindly acknowledge receipt of this application by returning the stamped, self-addressed post card enclosed herewith.

Respectfully submitted,

BAYER HEALTHCARE LLC


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574/264-8394

/jr
JLJ52203

Enclosures